Application for Employment

UNITED STATES PROBATION OFFICE

SOUTHERN DISTRICT OF INDIANA

Type or **print** all information. If your application does not provide all information requested, you may lose consideration for a job.

Name:	
Daytime Phone: Evening Phone:	
Position Applying For:	
Announcement Number:	
	*

A part of the United States District Court, the United States Probation Office for the Southern District of Indiana assists the Court in both probation and pretrial functions through investigating and supervising individuals charged with or convicted of Federal crimes. The Probation Office provides coverage for 60 counties in Southern Indiana. In addition to the headquarters office in Indianapolis, divisional offices are located in Bloomington, Evansville, Muncie, New Albany, and Terre Haute.

Return completed application to: U.S. Probation Office

Attn: Personnel - CONFIDENTIAL

101 U.S. Courthouse 46 East Ohio Street Indianapolis, IN 46204 AO 78 (8/97) (INSP Mod. 4/02)

U.S. PROBATION OFFICE - SOUTHERN INDIANA APPLICATION FOR EMPLOYMENT Ann

Announcement No.:

If You Need Additional Space, Continue Under "Remarks" Listing Item Number					
1. Name Last, First, Middle Initial		2. Phone Numb	er	3. Social Securit	y Number
4. Present Address				irth	
6. Other Names Previously Used for Employment Purpose			City		
	(Include <u>only</u> if a for Hazardous Du		State		
GENERAL			Foreign Country		
8. Are you a U.S. Citizen? YES () NO () Give	the Country of your citi	izenship			
9. a. Were you ever a Federal civilian employee? YES () NO () - If yes,	highest civilian grade/sa	ılary:	/	
b. Are you receiving a Federal annuity or severance payment? YES () NO () 10. Do you have any relatives who are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.					lationships to you.
11. Have you ever been discharged from a position or aske	d to resign under the th	reat of discharge? ()	YES () NO) If yes, explain u	inder Remarks.
12. Have you ever been convicted? () YES () NO (You may omit: (1) offenses committed before your 18th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 of less). If yes, explain under Remarks.					
EDUCATION 13. a. Do you have a high school dip	oloma or G.E.D.? (YES () NO			
b. Name and location of colleges or universities attended (including law schools)	Dates Attended	Credit Hours Specify whether Quarter/Semester	Degree	Date Received	Grade Point Average and/or scholastic standing
Chief Undergraduate Subjects	Credit Hours Specify whether Quarter/Semester	Specify wheth		Credit Hours Specify whether Quarter/Semester	
c. Specify special skills, accomplishments, awards, honors, fraternities, sororities & societies					
d. Other schools or training such as trade, vocational, military, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.					
MILITARY SERVICE					
14. a. Have you ever served on active duty with the military? () YES () NO If yes, attach a copy of DD 214, Notice of Separation					
b. Are you retired from military service? () YES () NO					
APPLICANTS FOR LEGAL POSITIONS					
15. a. Are you admitted to the Bar? () YES () NO If yes, list the Bar(s) to which admitted and dates of admission:					
Is your Bar membership () Active () Inactive b. Did you attend a Bar review course? () YES () NO List type of course:					
Dates Attending: From: To To					

WORK EXPERIENCE

Start with your present position and work back 10 years. Include experience while in military service and unpaid experience if the unpaid experience is related to the position for which you are applying. If you were unemployed for longer than three (3) months within the past ten (10) years, list the dates and your address(es) in an experience block. Use additional page(s) if necessary providing all requested information for all positions

L			
Dates of Employment (month, day, year) From: To:	Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting: \$ Per Final: \$ Per	Classification Grade/Level (If in Federal service)	Place of Employment City State or Country	Kind of Business or Organization
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor	
Business Telephone: Area Code Number		Number of Employees You Supervised	
Reason for Leaving			
3		_	
Dates of Employment (month, day, year)	Number of hours worked per week:	Exact Title of Your Position	
From: To: Salary or Earnings Starting: \$ Per Final: \$ Per	Classification Grade/Level	Place of Employment City State or Country	Kind of Business or Organization
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor	
Business Telephone: Area Code Number		Number of Employees You Supervised	
Reason for Leaving			
Description of Work			
REMARKS: (Use this space for continuation of answers. L	ist the number of items being contin	nued)	
NEW TIMES (Case into applice for community of unarrens. 2	is the number of tems being comm	ucu.)	

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CONTINUATION SHEET AO-78 If you need more experience blocks, continue in this format, including your name and Social Security Number on each additional sheet. Dates of Employment (month, day, year) Number of hours worked **Exact Title of Your Position** per week: From: Salary or Earnings Classification Grade/Level Place of Employment Kind of Business or Per Starting: \$ _ City _ Organization Per Final: State or Country Name and Address of Employer (firm, organization, etc.) Name and Title of Immediate Supervisor Business Telephone: Area Code Number Number of Employees You Supervised Reason for Leaving Description of Work Dates of Employment (month, day, year) Number of hours worked Exact Title of Your Position per week: Classification Grade/Level Kind of Business or Salary or Earnings Place of Employment Per City Starting: \$_ Organization State or Country Final: Name and Address of Employer (firm, organization, etc.) Name and Title of Immediate Supervisor Number of Employees You Supervised Business Telephone: Area Code Number Reason for Leaving Description of Work Exact Title of Your Position Dates of Employment (month, day, year) Number of hours worked per week: From: Classification Grade/Level Kind of Business or Salary or Earnings Place of Employment Per_ City Organization Starting: \$_ State or Country Name and Address of Employer (firm, organization, etc.) Name and Title of Immediate Supervisor Business Telephone: Area Code Number Number of Employees You Supervised Reason for Leaving Description of Work

GENERAL INFORMATION

1.	Within the last ten years have you quit a job after being notified that you we job by mutual agreement because of specific problems, or were you debaby the Office of Personnel Management? If "YES", use the space below explanation of the problem and reason for leaving, and the employer's national states of the problem and reason for leaving.	arred from Federal employment to provide the date, an
2.	Have you ever been convicted, been imprisoned, forfeited collateral, bee (Include felonies, firearms or explosives violations, misdemeanors, and a the space below to provide the date, explanation of the violation, place of address of the police department or court involved.	all other offenses.) If "YES", use cocurrence, and the name and
3.	Have you been convicted by a military court-martial in the past ten years? "NO".) If "YES", use the space below to provide the date, explanation of occurrence, and the name and address of the military authority or court in	the violation, place of
4.	Are you delinquent on any Federal debt? (Include delinquencies arising overpayment of benefits, and other debts to the U.S. Government, plus dor insured loans such as student and home mortgage loans.) If "YES", utype, length, and amount of the delinquency or default and steps that you repay the debt.	efaults of Federally guaranteed se the space below to provide the are taking to correct the error or
5.	Have you ever applied for a U.S. Probation/Pretrial Services Officer or Officer or any other district in the United States? If yes, give names of disapplication.	stricts and approximate dates of
6.	What is the minimum rate of pay you would accept?	<u> </u>
	CONTINUATION SPACE Attach additional sheets if necessary to explain sure to identify attached sheets with your name and Social Security Num	
	May we ask your present employer about your character, qualifications, an affect our review of your qualifications. If you answer "NO" and we need to before we can offer you a job, we will contact you first.	o contact your present employer
	APPLICANT CERTIFICATION: I certify that, to the best of my the information on and attached to this application is true, correct, faith. I understand that false or fraudulent information on or attac grounds for not hiring me, or firing me after I begin work, and may imprisonment. I understand that any information I give may be intemployment is at will and is subject to termination by the Court.	, complete, and made in good hed to this application may be y be punishable by fine or
	SIGNATURE	DATE SIGNED

United States Probation Office Southern District of Indiana

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

This information is being solicited pursuant to Public Law 93-579, the Privacy Act of 1974, from individuals completing federal records and forms requesting personal information. Complete this form and submit it with your application. The form will be separated from your application and kept confidential. The information is being gathered to evaluate the effectiveness of the recruitment process. It will be used only for statistical and analytical purposes.

NAME:	SOCIAL SECURITY #:				
POSITION APPLIED FOR (INCLUDE ANNOUNCEMENT NO., IF APPLICABLE):					
HOW DID YOU LEARN ABOUT THIS VACANCY?	(SELECT ONE)				
Newspaper, professional publication or other published	ed source (specify):				
Internet: Referred by current	employee of U.S. Probation:				
Referred by another U.S. Probation Office (Please sp	ecify):				
Career Day or College/University Placement Office (F	Please specify):				
Other means (Please specify):					
SEX					
Male Female					
DISABILITY					
No Yes					
If yes, please explain:					
RACE/ETHNICITY					
White: Black/African-American:	Hispanic/Latino:				
Native American/American Indian or Alaskan Native:	Asian:				
Native Hawaiian/Pacific Islander:	Other:				
THE INFORMATION ABOVE IS ACCURATE TO TH	E BEST OF MY KNOWLEDGE:				
Signature:					
Date:					